SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



DATE STAMP <u>For City Use Only</u>		TO BE FILLED OUT BY APPLICANT PROJECT NAME:	
		TAX ASSESSOR'S NUMBER:	
		-	
		-	
		PROJECT STREET ADDRESS OR ACCESS STREET:	
		ENVIRONMENTAL CHECKLIST SUBMITTED: YES NO	
		For City Use Only	
		FILE NUMBER:	
		PROJECT NUMBER:	
		DATE RECEIVED:	
		APPLICATION FEE:	
		TREASURER'S RECEIPT NUMBER:	
	SUBMITTAL REQUIREMENTS		
APPLICATION	One original (which must contain an original signature) and six copies must be provided. Whenever possible, originals must be signed in blue. Please identify the original document.		
SUPPORTING DOCUMENTS	original is not applicable,	st contain an original signature), where applicable, and six copies (if an a seven copies must be provided).	
FULL-SIZE DRAWINGS	Seven copies of the required drawings must be provided. Drawings must be folded and 18" x 2		
REDUCED DRAWINGS	Two copies of the drawin	gs reduced to 11" x 17" must be provided.	
SUBMITTING APPLICATIONS	l agent. Should an agent submit the application, a notarized (Jwner/Agent Agreement mil		
FEES	Please call the Department of Planning & Community Development for submittal fee		
ATTACHED SUBMITTAL Please refer to attached So		ubmittal Checklist for further information. g this application, please do not copy or include the Submittal Checklist ck of this application.	
APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.			

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT 280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812

PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov www.ci.bainbridge-isl.wa.us

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



A. GENERAL INFORMATION

Address:			
Phone:		Fax:	
Name of property	owner:		
Address:			
Phone:		Fax:	
NI	owner:		
Name of property			
Address:			
Address:		Fax:	
Address:		Fax:	
Address: Phone: If the own the owner's (E-mail:		ent,
Address: Phone: If the own the owner's (Applicant/agent:	E-mail: ner(s) of record as shown by the foundarized and notarized and motarized and	e county assessor's office is (are) not the ago	ent, cation.
Address: Phone: If the own the owner's (Applicant/agent:	E-mail: ner(s) of record as shown by the foundarized and notarized and motarized and	e county assessor's office is (are) not the age authorization(s) must accompany this appli	ent, cation.
Address: Phone: If the own the owner's (Applicant/agent: Address:	E-mail: ner(s) of record as shown by the foundarized and notarized and motarized and	e county assessor's office is (are) not the age authorization(s) must accompany this appli	ent, cation.
Address: Phone: If the own the owner's (Applicant/agent: Address:	E-mail: ner(s) of record as shown by th (owners') signed and notarized	e county assessor's office is (are) not the ago authorization(s) must accompany this appli	ent, cation.
Address: Phone: If the own the owner's (Applicant/agent: Address:	E-mail: ner(s) of record as shown by th (owners') signed and notarized	e county assessor's office is (are) not the age authorization(s) must accompany this appli Fax:	ent, cation.
Address: Phone: If the own the owner's (Applicant/agent: Address:	E-mail: ner(s) of record as shown by th (owners') signed and notarized	e county assessor's office is (are) not the ago authorization(s) must accompany this appli	ent, cation.

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



4. Descripti	ion of proposal:				
5. Driving o	5. Driving directions to site:				
	ve the following exists sessor's Parcel Nut			rcel Owner	*Lot Area
A	SSESSOF S Parcer ivui	mber	rai	cel Owner	*Lot Area
Use additiona	al sheet if necessary			Total of all parcels:	
			* As defined		ınicipal Code 18.12.050
7. Legal de	scription (or attach):				_
0 0	1 1	1 .1	1' 1 ','	5 C 12	
	Comp Plan	Zoning and shore. Zoning	Shoreline	and use of <u>subject parcel</u>	
Lot Number	Designation	Designation Designation	Designation	Curre	ent Use
Lot					

SPECIAL USE REVIEW PERMIT APPLICATION

9. Current comprehensive plan, zoning and shoreline designations and use of adjacent properties:

FORM MUST BE COMPLETED IN INK, PREFERABLY <u>BLUE</u>. PENCIL WILL NOT BE ACCEPTED.



Property		Comp Plan Designation	Zoning Designation	Shoreline Designation	Current Use
Nort	th	8	8		
Sout	th				
East	:				
Wes	t				
10.	Common n	ame of adjacent w	vater area or wetla	nds area:	
11.	11. What critical areas as defined in Critical Areas Ordinance (<i>Bainbridge Island Municipal Code</i> Chapter 16.20) are on the property? Check as appropriate:				
	□ wetlar	* * *	☐ geologi	ically hazardous	s area**
		nd buffer*		f influence**	
	stream		☐ slope b	uffer**	
	stream	n buffer*		wildlife habitat	area
12.	** If you Bainbr	ur site includes a idge Island Munic	geologically haza	erdous area or is a a geotechnical re	report is required with your application. within the zone of influence as defined in eport may be required with your application. etland mitigation plan attached.
13.			g agreements on the street of	1 1 "	yes no unknown ocument:
	☐ CUP	Conditional Use	Permit	☐ SP	PR Site Plan Review
	☐ MPD	Master Planned	Development	☐ SP	
		Planned Unit De	velopment		SDP Shoreline Permit
	1	Contract Rezone			
	☐ RUE	Reasonable Use	Exception		AR Zoning Variance
					her:
	Under which jurisdiction was the approval given? ☐ City of Bainbridge Island ☐ Kitsap County Approval date:				

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



14.	Is there any other information which is pertinent to this project?				
-					
-					
-					
-					
-					
-					
15. (Check all that apply to the project parcel (s) and incl	lude square footage of area within the project parcel(s):			
	Square footage on project parcel (s):	SF			
	Wetland Water Quality Buffer Square footage on project parcel (s):	SE.			
	Wetland Habitat Buffer	SI			
	Square footage on project parcel (s):	SF			
	Stream	-			
	Square footage on project parcel (s):	SF			
	Stream Water Quality Buffer				
	Square footage on project parcel (s):	SF			
	Stream Habitat Buffer				
	Square footage on project parcel (s):	SF			
16. (Check all that apply to the project parcel (s) and incl Wetland	lude square footage of intrusion within the project parcel(s):			
	Square footage on project parcel (s):	SF			
	☐ Wetland Water Quality Buffer				
	Square footage on project parcel (s):	SF			
	Wetland Habitat Buffer				
	Square footage on project parcel (s):	SF			
	Stream	Q.F.			
	Square footage on project parcel (s):	SF			
	Stream Water Quality Buffer	GE.			
	Square footage on project parcel (s): Stream Habitat Buffer	SF			
	Square footage on project parcel (s):	SF			
	Square rootage on project parcer (s)	51			

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT 280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812

PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov www.ci.bainbridge-isl.wa.us

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



me of water purveyor: a private well, what cla pe of sewage disposal: ewer district: neral description of the e	on-site seption		
pe of sewage disposal: ewer district:	on-site seption		
ewer district:			
neral description of the e		bridge Island	District 7
	existing terrain:		
il aumour alossification.			
i survey classification.			
od plain designation:	∐A ∐AE		
Street Type	Required ROW	Street Name	Existing ROW Width
Street Type	Required ROW Width		Existing ROW Width
Street Type	Required ROW Width 150 feet	Street Name Highway 305	Existing ROW Widtl
Street Type rimary arterial condary arterial	Required ROW Width 150 feet 60 feet		Existing ROW Width
Street Type imary arterial condary arterial ollector	Required ROW Width 150 feet 60 feet 50 feet		Existing ROW Width
Street Type rimary arterial condary arterial	Required ROW Width 150 feet 60 feet		Existing ROW Width
	survey classification: od plain designation:	· · · · · · · · · · · · · · · · · · ·	

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



8.	Dimensions of proposed structures:			
9.	Height of proposed buildings or structures:			
10.	Square footage of all spaces: retail: office:	storage: residential: other:		
11.	Square feet per story: (1)	(2)	(3)	
12.	Setback requirements: north: east:	south: west:		
13.	Number of parking stalls proposed:			
14.	Amount of square footage of proposed paved area	as:		
15.	Square footage of building area:			
16.	Percent of site to be covered by impervious surface (If the proposal results in more than 1,000 square feet of ac			%
17.	Percentage of site to be covered by landscaping:		0	%
18.	Percentage of site to remain undeveloped:		Ç	%
19.	Is the applicant proposing any terms, conditions, intended development: (If yes, attach copies)	covenants and agreements or o	ther documents regarding the yes no unknown	
20.	Is the proposal part of a phased development plan	n? (If so, an outline of the future	re plans must be submitted.)	

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\text{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



21.	List any other permits for this project from state, federal or local governmental agencies for which you have applied or will apply, including the name of the issuing agency, whether the permit has been applied for, and if so, the date the application was approved or denied, and the application or permit number:					
22.	Will the completed project result in 800 or more square feet of impervious surface					
	(building footprint + driveways + parking)?					
23.	Will the project result in clearing more than six significant trees or 2,500 square feet of ground? ☐ yes ☐ no ☐ unknown					
24.	Do storm water systems exist on the site?					
	If yes, were they constructed after 1982?					
	If yes, what type of storm water system exists on the site? ☐ infiltration ☐ open ditching ☐ closed conveyance ☐ detention					
25.	Will the completed project result in excavating of or filling in:					
П	less than 50 cubic yards. more than 50 cubic yards but less than 100 cubic yards. more than 100 cubic yards.					

Please Print

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY <u>BLUE</u>. PENCIL WILL NOT BE ACCEPTED.



I hereby certify that I have read this application and know the same to be true and corr		
*Signature of owner or authorized agent	Date	

*Signature of owner or authorized agent	Date	
Dlaga Drint		

*If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY <u>BLUE</u>. PENCIL WILL NOT BE ACCEPTED.



SUBMITTAL DOCUMENTS

Application for a special use permit may be made after the completion of a pre-application conference. Applications must be submitted by the owner or others authorized by the owner in person at the City of Bainbridge Island, Department of Planning and Community Development. A complete application shall include the items listed below (unless waived in writing by the Director or Project Manager).

1. An application form provided by the City with the notarized signatures of all property owners or ar owner/applicant agreement with the notarized signatures of all property owners.
2. An application fee in the amount specified by the City.
3. Summary letter from the pre-application conference.
4. A wetland mitigation plan in accordance with BIMC 16.20.110.
5. An assessment of how the proposal meets all decision criteria.
6. Scale drawings. (See following Drawing Format and Map Content specifications).
7. Legal description of the property, tax lot number and vicinity map. (Refer to the Drawing Requirements below for more detail.)
8. A complete and detailed written statement of the intended use of the land and the sequence and timing of the proposed development.
9. The terms, conditions, covenants and agreements under which the subject property is bound (e.g. plat conditions, conditional use permit conditions, or view easements) if any.
10. An environmental checklist, if required under the State Environmental Policy Act (SEPA).
11. Other plans and information deemed necessary by the director for evaluation of the merits of the proposal.
12. A farm plan developed by the Kitsap Conservation District if special use request is for an agricultura conversion.
Drawing Format
Required Size: 18" x 24"
Minimum scale: 1" = 100'
Border: 1" minimum all sides

B.

SPECIAL USE REVIEW PERMIT APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.



A.	IDENTIFIC	CATION INFORMATION (to be included on each page of each drawing):
	1.	Project title.
	2.	Space for the Dept. of Planning and Community Development's application number.
	3.	Name of property owner(s).
	4.	Sheet title (road, drainage, grading, utility, temporary erosion and sedimentation control, site constraints, etc.)
	5.	Revision block
	6.	Quarter Section, Section, Township and Range in which property is located.
	7.	Date drawings were prepared.
	8.	Page numbers and total number of pages.
	9. drawi	Name, address, phone number, fax number and E-mail address of professional who prepared the ng.
	10.	North arrow with north at top or left side of sheet
	11.	Graphic scale.
	12.	Elevation datum and benchmark
В.	1. V	PDRAWING CONTENT Ticinity map showing the proposed project site, easements and major city streets. Map shall, at a num, show adjacent streets and lots in sufficient manner to reasonably locate the site.
		ocation, name, width, and ownerships of all existing and proposed boundaries, streets, roads, rights- y, or easements on or adjacent to the subject property.
		irculation plans on and off the site, including pedestrian, bicycle and transit access, delineated ng spaces, location of locking bicycle space, etc.
	4. L	ocation of all existing structures and improvements on or adjacent to the subject property.
	5. L	ocation of proposed improvements.
	6. U	tilities plans.
	7. L prope	ocation of all existing vegetation, including all trees over six inches in diameter, on the subject rty.
	8. C	ontours at a maximum interval of five (5) feet.
		ocation of all existing watercourses, slopes, wetlands, required buffers, critical areas regulated BIMC 16.20, and other natural features on the subject property.
	10. A	ny other plans deemed necessary for evaluation.

SPECIAL USE REVIEW ADDITIONAL INFORMATION

Studies shall be prepared by experts in the area of concern, who shall be selected from a list of approved consultants prepared by the Director, as follows:

- o Aquifer recharge study: Hydrogeologist;
- o Flood hazard area study: Professional civil engineer; hydro-geologist;
- Geologically hazardous area study: Engineering geologist; geotechnical engineer, provided that:
 - An engineering geologist may provide a study, including interpretation, evaluation, analysis, and application of geological information and data and may predict potential or likely changes in types and rates of surficial geologic processes due to proposed changes to a location, provided it does not contain recommended methods for mitigating identified impacts, other than avoidance, structural impacts to, or suitability of civil works; and
 - Engineering geologists may not provide engineering recommendations or design recommendations, but may contribute to a complete geotechnical report that is co-sealed by a geotechnical engineer.
- Stream, riparian area, drainage corridor study: Biologist with stream ecology expertise; fish
 or wildlife biologist; a civil engineer may provide studies for drainage, surface and
 subsurface hydrology, and water quality;
- o Wetland study: Wetlands specialist.
- o Habitat Management Plans: Wildlife biologist and/or fisheries biologist.

Owner/Agent Agreement

e owner(s)	of record of the property is	dentified by the Kitsap Count
on. The un	ndersigned hereby gives (give	e) consent and approval to
f as his/her	(their) agent to proceed with	an application for (please
 preapplication conference planning permits construction permits (i.e. building, water/sewer availability, right-of-way, etc) 		
erein. This	agreement authorizes the age	ent to act on the owner's behalf
ations thro	ugh (date or specific phase) _	
Date	Owner of record	Date
)) SS.)		
, 20	0, before me, the undersigned	, a Notary Public in and for the
ed the said inst	trument, as his/her/their free and vol	luntary act and deed for the uses and
4L, hereto affi	ixed the day and year in this certifica	ate above written.
	Notary Public in and for the	State of Washington
	Residing at	
	My appointment expires:	
	on. The under the under the said instant of th	planning permits construction permits (i.e. building, waterein. This agreement authorizes the age eations through (date or specific phase) Date Owner of record) ss.) , 20, before me, the undersigned gioned and sworn, personally appeared: scribed in and who executed the foregoing instrumed the said instrument, as his/her/their free and voloath stated that he/she/they was (were) authorized wat, hereto affixed the day and year in this certification. Notary Public in and for the Residing at